

the eating of corn is associated with the development of pellagra. The availability of a more abundant supply of fresh milk and fresh meats is regarded as the most important factor in the prevention of pellagra.

The Diagnosis of Helminthic Diseases of Man.—HICKEY, (*U. S. Public Health Reports*, No. 24, 35, 1383) reports on the examination of oriental immigrants at the U. S. Immigration Station, San Francisco, California. The technic employed is as follows: (1) A piece of (preferably) formed stool, approximately the size of a walnut, is placed in a porcelain cup, and after taking about 60 c.c. of cold water, the mass is thoroughly disintegrated with the aid of a wooden tongue depressor. When disintegration of the feces is as complete as possible the tongue depressor is destroyed. If the stool is liquid an equal bulk of cold water is added and mixed as indicated above. (2) After placing over the mouth of the cup two or three layers of wide-mesh surgical gauze, a portion of the contents of the cup is strained into a tube and centrifugalized for ten seconds at 1500 to 2000 r. p. m. The gauze is thrown away and a new piece used for the next specimen. The cup is emptied of its remaining contents and thoroughly scalded. (3) The tube is removed from the centrifuge, and, without disturbing the sediment, the supernatant liquid is poured off and the tube refilled with cold water to about three fourths its capacity. (4) A thoroughly clean rubber pad is placed over the mouth of the tube and held in place by the thumb while the tube is shaken vigorously. When preparing two tubes at the same time extreme care should be taken to use the rubber pads on their respective tubes at each shaking. (5) The contents are again centrifugalized for ten seconds. (6) The supernatant fluid is poured off as described above, the tube is refilled with cold water and again shaken. (7) Centrifugalized again for ten seconds. (8) The supernatant fluid is poured off, leaving about $\frac{1}{2}$ inch overlying the undisturbed sediment. The specimen is now ready for microscopic examination. (9) A smaller amount of the sediment is placed on a slide, and sufficient water is added to almost completely cover it. This is mixed with the aid of a toothpick or match and allowed to stand for two or three minutes; the excess fluid is poured off onto another slide, more water is added and this is allowed to stand while the first slide is being examined microscopically. This procedure can be repeated with a third slide, though usually the second will suffice. It often happens that ova will be found on the second slide and not on the first, on account of the lower density of the former, which permits the ova to settle more readily. With respect to clinical aspects, eosinophilia should always excite suspicion. Anemia may or may not be present and other symptoms may be wanting, even in heavy infestations. The ova of the various parasites, trematodes, cestodes and nematodes are described in detail.

Statistics of Influenza Morbidity.—FROST (*Public Health Reports*, 1920, xxv, 584) discusses the data collected by canvasses made in 40 cities ranging in population from 25,000 to 600,000 and smaller communities. Five thousand or more persons were canvassed in each locality. The rate of attack in various communities varied from 185 per 1000 to 535 per 1000; this was without special relation to geographic location or size. The attack rate was highest in the age group 5 to 9 and declined with increasing age, except for the groups 25 to 34, in

which the incidence was higher than in the group 15 to 24. Almost uniformly the rate was higher for women than men and lower for the negro race than for the white. The latter is surprising in view of the normally high incidence of respiratory infections among negroes. The case fatality varied from 3.1 per cent. to 0.8 per cent., being generally higher on the North Atlantic seaboard and the Pacific Coast. The case fatalities differed for different age groups and was generally higher among negroes than among whites.

The Experimental Production of Pneumonia with the Influenza Bacillus of Pfeiffer.—MAJOR (*Jour. Med. Research*, 1920, xli, 373) states that the results of the experiments undertaken in his study indicate that the invasive powers of *B. influenzae* are limited. When the organisms are injected intravenously the effects produced are to be explained by a toxic action rather than any direct bacterial action produced by multiplication and spread through the blood stream. In no cases were the bacilli recovered from the blood cultures in animals which had been injected intravenously with influenza bacilli. Introduction of *B. influenzae* into the trachea was successful in producing bronchopneumonia. In these cases, also, the invasive properties of the organisms were apparently limited, as the bronchopneumonic patches were small, few in number and confined to the hilus of the lungs. The location of these areas also suggested a local direct action of the masses of bacteria, with but little extension to other portions of the lungs. In contrast to the results obtained by the intravenous and intratracheal introduction of the bacilli a preliminary irritation of the respiratory tract with chlorin gas permitted an extensive invasion with influenza bacilli injected intravenously or intratracheally. The pathological changes produced in the lungs were striking and intense in degree and resembled the lungs in fatal cases of human influenza. In the majority of these cases influenza bacilli were grown from the lungs in pure culture.

Tellurium as a Health Hazard in Industry.—SHIE and DEEDS, (*Public Health Reports*, No. 16, 35, 939) present evidence on the importance of tellurium as an industrial poison. The element tellurium resembles metals physically, but chemically is related to sulphur and selenium. It is used in the production of colored glass. The cases of poisoning in question were among employees of a silver refinery and were men who were exposed to fumes and dust containing the poison. The main channels of entry are by the respiratory and alimentary tracts, but the skin probably absorbs some. In the body this poison becomes converted into a compound which imparts a garlic-like odor to secretions and excretions. The poison is eliminated through feces, urine, lungs and skin. The symptoms are summed up as follows: "Garlic odor to the breath, sweat, and alvine discharges, dryness of mouth, metallic taste, nausea, anorexia, loss of weight, constipation or diarrhea, suppression of the sweat, and a dry, itching skin. Associated with these symptoms are likely to be a hypoacidity of the gastric juice, with a mild gastro-enteritis and parenchymatous nephritis. Inasmuch as the symptoms of mild tellurism are the same for man and the laboratory animals, we have reason to believe that the more severe effects, as well as the pathological changes, would likewise be similar. As yet